

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below-named inventor, I	hereby declare that:				
My residence, post office add	Iress and citizenship are as	stated below next	to my na	me;	
I believe I am the original, firs inventor (if plural names are I sought on the invention entitle	listed below) of the subject r	one name is listed l matter which is clai	below) or med and	r an original, first and joint I for which a patent is	
HIGH FRE	QUENCY ELECTRONIC BA	ALLAST LAMP INT	rercon	INECTS	
the specification of which (ch	eck only one item below):				
is attached hereto, ar	• ,		(if appli	cable).	
	tates application number 10				
and was amended on (if applicable).					
was filed as PCT inte	ernational application number	er		on	
and was amended or	1	(if applicable).			
I hereby state that I have revi the claims, as amended by a	ewed and understand the control of t	ontents of the abou	ve-identif	fied specification, including	
I acknowledge the duty to dis defined in Title 37, Code of F	close to the Office all inform ederal Regulations, §1.56.	nation known to me	to be m	aterial to patentability as	
I hereby claim foreign priority foreign application(s) for pate least one country other than to foreign application(s) for pate least one country other than to filing date before that of the a	ent or inventor's certificate or the United States of America ent or inventor's certificate or the United States of America	r of any PCT intern a listed below and r any PCT internati a filed by me on the	ational a have also onal app	pplication(s) designating at o identified below any dication(s) designating at	
PRIOR FOREIGN/PCT APPLICATION	ON(S) AND ANY PRIORITY CLAIR	MS UNDER 35 U.S.C.	§§119(a)-(d	d), 172 or 365(a):	
COUNTRY (if PCT, Indicate "PCT")	APPLICATION NUMBER	DATE OF FILIN		PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365(a)	
		•		☐Yes ☐No	
				☐Yes ☐No	
				☐Yes ☐No	
				☐ Yes ☐ No	
				Yes No	
				Yes No	
				☐ Yes ☐ No☐ Yes ☐	
	l			LI TES LINO	

Application No. 10/817,072
Attorney Docket No. 033859-007

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number 21839

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR GIVEN NAME (first and middle (if any)) **FAMILY NAME OR SURNAME CRANDALL** Earl F. INVENTOR'S SIGNATURE DATE RESIDENCE (City, State & Country)
Raleigh, NC 27603-7320 USA USA MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) 629 Jordan Ridge Lane Raleigh, NC 27603-7320 USA NAME OF SECOND INVENTOR GIVEN NAME (first and middle (if any)) **FAMILY NAME OR SURNAME** Robert C. SMALLWOOD, Sr. **INVENTOR'S SIGNATURE** DATE RESIDENCE (City, State & Country) Englewood, CO 80110 CITIZENSHIP USA MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) 4190 South Bannock Street Englewood, CO 80110 USA NAME OF THIRD INVENTOR GIVEN NAME (first and middle (if any)) **FAMILY NAME OR SURNAME** Byunghwan CHAY **INVENTOR'S SIGNATURE** DATE RESIDENCE (City, State & Country) Simpsonville, SC 29681 USA CITIZENSHIP South Korea MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) 327 White Drive Simpsonville, SC 29681 USA

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NAME OF SOLE OR FIRST INVENTOR		·	
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAM	lE	
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IVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME
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/ENTOR'S SIGNATURE	DATE
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